

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AH</i>	<i>73192</i>	<i>9/28/00</i>
O.I.P.E. CLASSIFIER		<i>17</i>	<i>10/4/00</i>
FORMALITY REVIEW		<i>11622</i>	<i>11-13-00</i>
RESPONSE FORMALITY REVIEW		<i>11622</i>	<i>1-8-01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
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If more than 150 claims or 10 actions  
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Best Available Copy